Demonstration Site:	Reporting Period:
San Bernardino County	Calendar Year 2011
	2011
County Contact:	
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Instructions: Pursuant to the legislative requirements for implementing RBS, each county participating in the RBS Reform Project shall prepare and submit an annual report. The report is to be developed in collaboration with the private nonprofit agency(ies) participating in the demonstration project. This County Annual Report (CAR) is to be prepared by the county as a single, comprehensive report for the reporting period. The report is prepared for each calendar year in which the RBS Reform Project is in operation and submitted to the California Department of Social Services (CDSS) by March 1 of the following year. Narrative responses must be provided to Sections A through H, as indicated below and on the following pages. Additional information may be attached as necessary.

Section A - Client Outcomes:

1. Complete the table below on the characteristics of the target population served in this reporting period.

Total	Average	Number of	Number of Youth who are:	Number of Youth Placed
Number	Age of	Youth who		by:
of Youth:	Youth:	are:		
	Current	Male:	African-American: 11	Probation: 6
25	Average	12 (48%)		
	Age: 16	, ,	Asian: 0	Child Welfare: 19
		Female:		
	Range of	13 (52%)	Caucasian: 9	Mental Health: 0
	13 to 18	, ,		
			Hispanic: 3	Other:
			•	1 youth transferred from
			Other: 2 white with	Probation to CFS and 1
			Hispanic Origin	youth to CFS to
				Probation

2. Using the Child Welfare Services/ Case Management System (CWS/CMS) outcome data provided by CDSS, address the following regarding any disenrollments, step downs to lower levels of care and/or achievements to permanency:

a. Describe any trends indicated by the data.

<u>Disenrollments</u>: San Bernardino County has had 14 youth exit RBS. Of those 14 youths: 1 graduated, 11 exited before graduation, 1 had voluntary closure and 1 had no reason given. Five of the youth who "exited before graduation" were returned home or had family stabilized. Some of the probation youth who exited before graduation were released because their probation case ended and they returned to their parents before the RBS program was finished. As of December 31, 2011, only 1 youth achieved permanency via guardianship in the RBS program. There are 2 youths currently in the RBS program in RBS Aftercare with family.

<u>Disenrolled Youths Placements</u>: Eight of the 11 youth who exited RBS "before graduation" had only one or two placements in 2011 while in RBS (72.7%). Five of the youth who exited RBS "before graduation" went to a lower level of care (3 youths, 27.7%) or made a lateral placement change (2 youths, 18.1%). There were 6 youths who exited RBS and did not have a subsequent foster care placement.

<u>Length of Stay</u>: Overall, the RBS program is meeting the goal of 12 months or less in the group home. The majority of RBS youths have been in the program for 12 months or less in the group home (17 youths, 80.9%). Only 6 youths have been in the group home for longer than 1 year (28.5%).

Number of Placements: Of the 21 youths enrolled in RBS in 2011: 42.8% of the youths had only 1 placement (9 youths), 33.3% of the youths had 2 placements in 2011 (7 youths), 19.0% of the youths had three placements (4 youths) and 4.7% of the youths had 4 placements (1 youth) in 2011. The RBS program has a planned step down approach at a minimum the youths should have one or two placements. So far 76.2% of the youth have had only one or two placements (16 youths) and 23.8% of the youths have had three or more placements (5 youths).

<u>Placement Changes</u>: Overall, the youths who had a placement move in RBS either went to a lateral placement (RCL 14 group home) or a lower level of care. Of the 15 youths who had a placement change, 40% of the youth had a positive change (6 youths) and 60% had a lateral change (9 youths).

No Group Home Re-entry: There were 21 youth who were placed in a group home and of those youth, 6 youths left the group home for a lower level of care (28.5%) and remained at the lower level of care.

Abuse in Foster Care: There have been no substantiated allegations for youths in the

RBS program.

Note: there were really 25 RBS youth in placement in 2011, but Probation had a data entry lag for the placement data for 4 youths.

b. Can any conclusions be made from the data? If yes, what are they? If no, why not?

[X] Yes [] No Explain:

San Bernardino County Probation Department needs to improve their timely data entry as 4 of the Probation RBS youth did not have any placement data on CWS/CMS at the time of the state's data outcome report.

At least two of the youth's placements were not RBS placements because of the discussions with the state as to when to disenroll a youth from RBS when they are in non-RBS placements. (FYI – might be only 1 youth...)

Other youths completed their probation order and returned home before completing the RBS program. These youth were exited with the special project code of "exited before graduation."

Overall, the RBS trajectory of lower level of care has been achieved. Planned moves to lower levels of care (e.g. ITFC foster homes or family/kin) are occurring as envisioned in the program (6 youths). In addition, the 6 youths who exited the residential group home and went to a lower level of care remained in their lower level of care in 2011.

Of the 11 youth who exited RBS, 3 of the youth went to a lower level of care, 6 of the youth had no change (e.g. may have exited foster care) and 2 of the youth went to lateral placement (group home).

- 3. a. Complete one attached excel document titled, "RBS Days of Care Schedule" for each RBS provider listing information for each youth enrolled in RBS since implementation of the Project. This document captures information on the total days in care in residential, community-based bridge care, after-care and crisis stabilization.
 - b. For youth in crisis stabilization, what were the reasons for the returns to group home care for crisis stabilization?

There was one youth who was in need of crisis stabilization due to her refusal to return to the ITFC after a psychiatric hospitalization. This stay was prematurely terminated when CCL indicated that this was in violation of licensing standards.

c. From the county perspective, is there a need to improve the effectiveness of crisis stabilization? If yes, how will this be accomplished?

[X] Yes [] No Explain: The contracted agency is working with CCL and the local code enforcement to obtain the proper permits so that youth may be returned to the home for crisis stabilization.

Section B - Client Involvement:

 Using the Child and Adolescence Needs and Strengths (CANS) data provided by Walter R. McDonald & Associates (WRMA), address the following:

a. Describe any trends indicated by the data.

Overall, the 15 youth that had a follow up CANS improved for Functional Status, Mental Health, Family/Caregiver Needs and Strengths, Child Strengths and Child Safety. There were two dimensions where the youths did not improve and in fact got worse, Risk Behaviors and Educational Progress. However the decrease was not significant. The most significant improvement was in Family/Caregiver Needs and Strengths. The baseline CANS for 20 youths score was 20.1 and in the 6 month follow up was 12.4 for 15 youths. There were 4 additional youth with a second 6 month follow up. Of those four youths, there was a reduction in the severity of the youths' functional status, risk behaviors, family/caregiver needs and strengths, and child strengths. The four youth did not improve on the dimensions of mental child safety and education.

	Baseline (n=20)	Follow-Up 1 (n=15)	Follow-Up 2 (n=4)
Functional Status	11.7	9.1	8.0
Mental Health	17.6	15.3	15.4
Risk Behaviors	11.8	12.2	10.0
Family/Caregiver Needs and Strengths*	20.1	12.4	7.1
Child Strengths	18.9	18.5	18.0
Child Safety	13.5	12.3	13.3
Educational Progress	16.0	18.2	18.3

Scores ranged from 0 to 30. Lower score equates a lower level of need.

b. Can any conclusions be made from the data? If yes, what are they? If no, why not?

[X] Yes [] No Explain:

The significant improvement in the Family/Caregiver Needs and Strengths dimension indicates the RBS goal of reconnecting the youths to their families in a healthy way is occurring. The improvement in this measure indicates the families' fragility and

^{*}Significant improvement

neediness is decreasing and the program is having progress on improved family functioning.

2. a. Complete the table below on family and youth participation in child/family team meetings.

Total	Total Number of	Number of Youth Participating	Number of Youth with
Number	Youth with at least	in at least 90% of their	Supportive Adult(s)
of Youth:	one Supportive	Child/Family Team Meetings:	Participating in at least 90% of
	Adult:		that Youth's Child/Family
			Team Meetings:
25	20	25	18

b. If youth did not participate, explain why not.

All youth participate in the CCT process. Due to the emphasis of "youth voice and choice" CCT meetings are always conducted with the youth.

Section C- Client Satisfaction:

1. Using the Youth Satisfaction Survey (YSS) and Youth Satisfaction Survey-Families (YSS-F) data provided by WRMA, specifically satisfaction measured in items 1-15 of the YSS and YSS-F and outcomes measured in items 16-22 of the YSS and YSS-F, address the following:

a. Describe any trends in the data.

There were 17 baseline YSS and 10 follow up YSS completed. There was improvement in all measures. Youth were more satisfied with services and well-being improved from neutral (3.X) to satisfied (4.X). There was improvement in the child and family voice and choice but it was a very slight improvement.

	Baseline (n=17)	Follow-Up 1 (n=10)
Satisfaction with services Child and family voice and choice	3.7 3.5	4.1 3.9
Well being	3.5	3.9

Scores range from 1 to 5. Higher score equate to better outcomes.

There were 9 YSS-F filled out by the families and 2 follow ups. Overall, the families were satisfied when entering the program with services and well-being. The families were borderline satisfied with child and family voice and choice.

YSS-F Domain Summary Scores

	Baseline (n=9)	Follow-Up1 (n=2)
Satisfaction with services	4.4	4.4
Child and family voice and choice	3.6	3.8
Well being	3.6	3.8

b. Can any conclusions be made from the data? If yes, what are they? If no, why not?

[X] Yes [] No Explain:

The youth who have been in the program long enough to have completed two YSS seem to have increased satisfaction with the program. The YSS is administered May and November in San Bernardino County.

Section D – County and Provider Use of RBS Program:

 a. Has the operation of the program <u>significantly</u> changed from the original design described in the approved plan? If yes, describe the change.

[] Yes [X] No Explain:

No, the program has not significantly changed from the original design; however, there have been alterations of elements of the design in order accommodate staff vacancies and difficulties in the full implementation of the model. These modifications include the following:

- Target population shifted slightly due to the elimination of AB 3632 as a placement option. This resulted in a higher percentage of Probation involved youth.
- Increased structure to the different meetings (e.g., CCT and Oversight Committee) to be more goal focused and increase accountability.

Although not a change from the original design, the implementation of ITFC programs allowed a fulfillment of the original plan.

It was difficult to fully implement all dimensions of the original design because of organizational and staffing changes experienced by the provider. Specifically, the provider had five RCL 14 group homes in the area and a local Non-Public School (NPS) that were closed as of 6/30/2011. Although these programs were not central elements to the RBS design, the infrastructure of the provider within Southern California was impacted and this impacted the implementation of RBS.

The frequency of staff vacancies and turnover have resulted in challenges, including: reduced ability to provide family search and engagement, significant periods of time without a parent support or a peer support advocate, and the requirement of having administrative staff covering multiple responsibilities. These issues negatively impacted the efficacy of individual roles. Additionally, the provider added a Certified Addiction Drug and Alcohol Counselor (CADAAC) to address the substance abuse treatment needs of the youth.

County agencies experienced staff changes (e.g., changes in departmental coordinators for Probation and DBH) as well as program and staff challenges. The implementation of ITFC was delayed and there continues to be a limited number of ITFC beds available for meeting the step down needs of RBS youth.

Due to a limited participation of regional CFS Social Workers there has been a staff assignment change planned for CFS. Specifically, a CFS RBS Coordinator position was created and filled in January 2012 to liaise with regional workers.

b. If yes, how has this adaptation impacted the effectiveness of the project?

This process of continual monitoring and improvement allowed us to better meet the individual needs of youth and allowed for successful service provision.

2. Describe the interactions (such as, collaborative efforts towards placements, exits, services planning, etc.) among and between the county agencies (including Child Welfare Services, Mental Health, Probation, Regional Center, etc.), the provider(s), and other community partners.

The structure of the CCT provides an optimal venue for interactions and collaborations between the different agencies involved in the implementation of RBS. The up to date information on the youth's functioning being readily available and the collective agreement on the long term plan allows for solid collaboration efforts on exit planning, addition of services, and modification of services. When exiting from RBS all agencies are involved with locating the best resources for the youth.

3. Have there been any <u>significant</u> differences from the roles and responsibilities delineated in the approved plan for the various county agencies and provider(s)? If yes, describe the differences.

[X] Yes [] No Explain: Due to the veto of AB 3632 DBH is not a placing agency at this time.

4. Were RBS enrollments sufficient during the reporting period? If no, why not?

[] Yes [X] No Explain:

The projected number of youth were enrolled in the program. However, due to the complications of the specific youth, there was more limited participation in all aspects of the program (e.g., residential stays and early terminations) than expected. Due to the small size of the program, this decreased utilization of residential services was sufficient such that the fiscal sustainability of the program was in question during the first half of 2011.

5. Describe how the county and provider(s) managed RBS staff resources (e.g., filling vacancies, redefining job qualifications, eliminating positions, etc.)

Diligence and focus were exerted during this reporting period toward the strengthening of staff resources at the provider level to more effectively respond to the needs of youth placed in the RBS Program. One example of this was the hiring of an Executive Director to oversee the daily service operation and functioning of program elements. Flexibility among designated clinical service roles was expanded to respond to service needs (wraparound, TBS) while remaining fiscally conservative as a result of reduced revenue related to low occupancy levels, which has been on-going throughout the pilot period and has yet to meet budgeted levels. Collaboration and solutions-based interaction between agency stakeholders and the provider related to occupancy has been ongoing.

Positions have been restructured to respond to the needs of RBS Youth receiving services, including additional role focus in the area of Chemical Dependence and Recovery which resulted in the hiring of a Certified Addiction Drug and Alcohol Counselor.

Section E –County Payments to Nonprofit Agency(ies):

Note: The payments reported here are from the county records as recorded on a cash basis during the reporting period from January 1 to December 31, for all providers participating in the RBS demonstration project.

- 1. For Questions a through c, please complete the table below:
 - a. Report the total payments from all fund sources paid to the provider(s) for RBS during the period the report covers under each of the following:
 - AFDC-FC (The amounts reported here should come from the amount reported under G1, amount claimed per fiscal tracking sheet. They will not be equal because G1 is cumulative for the project and E1 is only for the reporting year.)
 - EPSDT
 - MHSA
 - Grants, loans, other (Itemize any amounts reported by source.)
 - b. Provide the average months of stay for all children/youth in residential (group home) care during the reporting period.
 - c. Provide the average months of stay for all children/youth in community services (not in group home) during the reporting period.

	AFDC	EPSDT	MHSA	Other	Total
Amount Paid for Residential	\$ 1,096,446	\$284,137	\$599,597	\$6,324	\$1,986,504
Amount Paid for Community	\$ 24,785	\$	\$	\$	\$24,785
Total Amount Paid	\$ 1,21,231	\$284,137	\$599,597	\$6,324	\$2,011,289
Avg Months of Stay in Residential	134 days	_	-	-	134 days
Avg Months of Stay in Community	154.5 days	-	-	-	154.5 days
Avg AFDC Payment Per Youth in Residential	\$7,254	-	-	-	\$7,254
Avg AFDC Payment per Youth in Community	\$1,631	-	-	_	\$1,631

2. Were any changes made to the Funding Model in order to manage payment shortfalls/overages, incentives, refunds during the reporting period? If yes, explain what the changes were and why they were needed.

[] Yes [X] No Explain:

However, changes in the RCL rate have resulted in the RBS monthly AFDC-FC rate being less advantageous for the provider. The county is in the process of amending the MOU to address this rate differential. Additionally, elimination of the Day Treatment Intensive program which was located at the NPS resulted in a shift in the costs to other EPSDT services as these services were "unbundled" to the individual youth or home. This was shifted from billing DTI to billing more individual and group services.

Although there were no changes to the funding model for the ITFC component of the program during 2011, this is an issue that is currently being addressed by negotiating a new rate and by changing the maximum capacity of each home.

There was a \$75,000 payment by CFS to supplement the FY2010-2011 budget shortfall for the Victor Treatment Center. The money was from the Wraparound Reinvestment fund. The money was to cover the low vacancy rate and slow start up of the program.

<u>Section F – Actual Costs of Nonprofit Agency(ies):</u>

Note: The amounts reported here should be based on each provider's accounting records for RBS for the period from January 1 through December 31, and be on a basis consistent with the method used to report costs on the annual A-133 Financial Audit Report (FAR) and SR-3 document filed with CDSS.

 a. For residential costs, complete the table below displaying provider actual costs compared to the RBS proposed budget included in the approved Funding Model. If there is more than one provider in the demonstration project, combine the individual provider data into one table for the project. The wording in the chart below is consistent with the SR-3 financial report. Definitions are listed in the instructions (RBS Letter No. 04-11).

Actual Costs in RBS Residential:

Expenditures:	Proposed Budget for the Period	Actuals for the Period	Over/(Under) Budget
Total Salaries & Benefits	\$	\$	\$
Total Operating Costs	\$422,300	\$509,308	\$87,008
Total Child Care & Supervision Costs	\$911,765	\$739,368	\$(172,397)
Total Mental Health Treatment Services Costs	\$591,450	\$283,839	\$(307,611)
Total Social Work Activity, Treatment & Family Support Costs	\$441,805	\$437,399	\$(4,406)
Total Indirect Costs	\$166,005	\$169,038	\$3,033
Total Expenditures	\$2,533,325	\$2,138,952	\$(394,373)

b. Does the difference between the actual provider costs and the proposed budget exceed 5% on any line item above? If yes, explain what caused the variance and whether this difference is expected to be temporary or permanent.

[X] Yes [] No Explain:

Total Operating Costs 20.60 % over budget

Total Child Care /Super Costs 18.91 % under budget

Total MH Treatment Services Costs 47.99 % under budget

Total Social Work/ Costs .01 % under budget

Total Indirect Costs 1.8 % over budget

Total Expenditures 15.57 % under budget

Total Operating Expense: this variance is attributable to higher transportation costs (\$34K) and higher costs attributable to equipment and occupancy costs (\$52K).

Transportation costs are larger due to the high level of program activity and will continue although some cost cutting measures have been taken. Equipment and occupancy costs are higher due to depreciation related to higher costs of getting facilities and office space operational. These costs will not decrease.

Total Child Care & Supervision Costs: This variance is attributable to the absence of salaries & wages during the year because of staff reductions in response to the average occupancy during the year being well below the 96% budgeted occupancy level in the MOU.

Total Mental Health Treatment Services Costs: This variance is attributable to the fact that TBS services in the budget (\$46K) were not utilized in the residential program. This cost will not materialize but will be part of future community based costs. Also, day treatment services stopped as of June 30, 2011 when the program was discontinued for fiscal reasons. Other individual mental health services are being utilized to compensate for this lost service although the ramping up of these services has been slow. This cost should increase and approach budget over time.

2. a. For community costs, complete the table below displaying provider actual costs compared to the RBS proposed budget included in the approved Funding Model. If there is more than one provider in the demonstration project, combine the individual provider data into one table for the project. This wording in this chart is consistent with the SR-3 financial report. Definitions are listed in the instructions (RBS N Letter No. 04-11).

Actual Costs in RBS Community:

Expenditures:	Proposed Budget for the Period	Actuals for the Period	Over/(Under) Budget
Total Salaries & Benefits	\$	\$	\$
Total Operating Costs	\$	\$20,831	\$
Total Child Care & Supervision Costs	\$	\$	\$
Total Mental Health Treatment Services Costs	\$	\$	\$
Total Social Work Activity, Treatment & Family Support Costs	\$	\$54,557	\$
Total Indirect Costs	\$	\$7,539	\$
Total Expenditures	\$	\$82,927	\$

b. Does the difference between the actual provider costs and the proposed budget exceed 5% on any line item above? If yes, explain what caused the variance and whether this difference is expected to be temporary or permanent.
[] Yes [X] No Explain:
The RBS community has three ITFC providers and the VTC members of the CCT follow the youth into the community: ITFC home, or Wraparound with foster parent or relative. The ITFC providers are paid the AFDC-FC rate.
3. Were there extraordinary costs associated with any particular child/youth (i.e., outliers as defined in the Funding Model)? If yes, provide the amount of the cost and describe what it purchased.
[] Yes [x] No Explain:
4. Has the county performed the fiscal audit required by the MOU? If yes, describe any problems/issues with the provider's operations or implementation of the Funding Model that were disclosed by the fiscal audit performed. If no, when will that audit occur?
[X] Yes [] No Explain:
Yes the fiscal audit was performed.
As a result of testing Victor Treatment Centers, it was noted that the contractor was overpaid in four instances. The contractor was not issued a finding as the overpayment of funds is a common occurrence for this program, and is resolved internally within the CFS department.

Section G – Impact on AFDC-FC Costs:

1. This is a cumulative report from the beginning of the project. Amounts reported are based on the amounts included in the claim presented to CDSS. Using the RBS claim fiscal tracking sheets, please complete the information below for all children served by RBS from the start of the project to the end of the reporting period:

RBS Payment for All Children Enrolled in RBS from the Start of the Project Through the End of the Reporting Period:

Total Children Served In RBS:	Total 26	Federal Includes all FMAP's 56.2% 53.2% and 50%	State 40%	County 60%
Federal Payments:				
Residential:	\$861,768.24	\$ 461,907.81	\$159,944.17	\$239,916.26
Community:	\$33,147	\$16,684.28	\$6,585.09	\$9,877.63
Total Federal Payments:	\$478,592.09			
Non-federal Payments:				
Residential:	\$656,600.66	\$n/a	\$262,640.26	\$393,960.40
Community:	\$12,352.00	\$n/a	\$4,940.80	\$7,411.20
Total Non-federal Payments:	\$688,952.66			
Total RBS Payments	\$1,147,544.75			

Note: It is possible to have federal funds used in the Non-federal Payment (i.e., non-federal RBS children) category. These payments would be the federal share of any Emergency Assistance Funding used in the RBS program up to the first 12 months of a child's stay in RBS. The amounts reported would come from the non-federal fiscal tracking sheet, and are based on the instructions provided in RBS Letter No. 03-11.

2. Of the children reported in G1 above, please complete the information below for all children who successfully entered and exited RBS in 24 months, or remained in RBS for a full 24 months.

Note: When completing G2, it is important to understand how G2, G3, and G4 work to form the comparison to regular AFDC costs. Section G4 is a comparison of cost for those children who have completed RBS (From G2) to the cost of regular foster care based on the target group base period (G3). In this context, a child "completing RBS" is one who has either entered the program and then exited after successfully completing his/her RBS program goal, or one who has entered the program and remained in the program longer than the base period (24 months). The comparison in Section G4 is done only for those children who have successfully completed the RBS program goal or are still in the program at the 24 month mark. The count of children for Section G2 and the related costs are only for those children who have completed the RBS program or remained in RBS longer than 24 months. For example, a child entering RBS who remains in the program for only 3 months and then is disenrolled would not be included in G2. A child entering RBS and still in the program at month 26 would be included in G2.

RBS Payments for All Children Entering and Exiting RBS in the 24 Month Period or Remaining in the Program for Longer than 24 Months. (Include all children meeting this condition from the beginning of the project.):

		_	_	
Total Children Completing RBS:	Total 1	Federal 56.2% & 53.2%	State 40%	County 60%
Federal Payments:				
Residential:	\$42,750	\$24,025.50	\$7,845.48	\$11,234.70
Community:	\$13,152	\$6,996.86	\$2,462.05	\$3,693.08
Total Federal Payments:	\$31,022.36			
Non-federal Payments:				
Residential:	\$n/a	\$n/a	\$n/a	\$n/a
Community:	\$n/a	\$n/a	\$n/a	\$n/a
Total Non-federal Payments:	\$n/a	•	•	
Total RBS Payments:	\$31.022.36			

3. Using the approved Attachment A from the Funding Model and the number of children reported in G2 (above), complete the information below regarding the expected base Foster Care costs for RBS target population children that otherwise would have been served in Foster Care.

Note: Since this is used to compare the base AFDC-FC rates had the RBS youth remained in regular foster care, the "Approved Base Rate Per Child" is the weighted average of AFDC-FC payments for RCL 12 and RCL 14 placements as described and approved in the Funding Model. The "Approved Base Months in Regular Foster Care" section is the approved comparison length for the RBS youth had they remained in regular foster care. For all RBS counties, the approved base months in regular foster care is 24 months, based on the demographic for the current length of stay in a group home for the target group. The "Applicable Federal Funds Rate" is the percentage of federal funds rate based on the Federal Medical Assistance Percentage (FMAP) used in the RBS claim. The CAR template has this FMAP funding rate pre-loaded at 50% because all of the RBS Funding Models used the pre-ARRA FMAP rate of 50% for approval purposes. However, because Section G1 of the CAR instructs counties to use financial costs based on the RBS Fiscal Tracking sheets, counties must use the ARRA rate in effect for that month and quarter. For the months through and including December 2010, the ARRA rate is 56.2%. For the months beginning January 2011, the ARRA rate will decline until it reaches 50% beginning July 2011. Details on the ARRA rates used in the RBS claim are in an RBS claim letter. In order to produce a correct comparison of costs between sections G1, G2 and G3, whatever federal funds rate is used in Section G1 should be the same rate used for G2 and G3.

Note: If zero have completed, enter zero for this reporting period comparison.

AFDC Base for Comp	oarison:			
	Approved Base I	Rate Per Child:	\$8,835	
	Number of Child RBS:	ren Completing	1	(from H2, above)
	Approved Base I Foster Care:	Months in Regular	2	4
	Applicable Feder	ral Funds Rate:	56.2%	6
	Total	Federal	State	County
Base Payment for Target Group:	\$212,040	\$119,166.48	\$37,149.41	\$55,724.11

4. a. For those children who have completed the RBS program, using the information from G2 and G3, subtract G3 from G2 and complete the following information:

RBS Incremental
Cost/(Savings)Based
On Program
Completion:

Total	Federal	State	County
(\$156,138)	(\$88,144.12)	(\$26,841.88)	(\$40,796.33)

b. What aspects of operating RBS contributed to the cost/savings compared to regular Foster Care?

The fact that the youth was able to step down to a lower level of care (relative/NFREM placement) because of the RBS program contributed to the savings compared to regular foster care. The youth spend 7 months in residential placement and 4 months in a community while enrolled in RBS. Without the intervention of RBS, the youth would have remained in residential care.

5. Has EPSDT usage changed when compared with the typical usage by similar children/youth in traditional foster care? If yes, explain how it is different.

_	_		- \	-		
]	Yes	[X]	No	Explain:

There has been no change in the county's usage of EPSDT services. The RBS youth are at such a high level of severity requiring extensive mental health services and the provider has provided similar services under RBS as they would through other programs. There are no significant changes in the provisions of EPSDT for these youth.

6. Has MHSA usage changed when compared with the typical usage by similar children/youth in traditional foster care? If yes, explain how it is different.

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L	1	162	[^]	INO	Explain:

In San Bernardino County the MHSA programs for children and youth fall under two

categories; (1) Crisis Response Services available 24/7, and (2) Full Service Partnerships (FSP) through three different programs with the C-1 MHSA program. RBS is one of the FSP programs. The other FSP programs are available to other foster youth. Those youth in RBS have a higher percentage of MHSA funds being utilized to help locate and provide a stable residence, as this is a more significant need for this population.

Section H – Lessons Learned:

1. Describe the most significant <u>program</u> lessons learned and best practices applied during the reporting period.

Lessons Learned

Families have been the greatest advocates for the youth and have helped the youth to see things that need to change in order for there to be reunification. The family has also been the driving force in most cases in terms of stabilizing the youth, addressing youth concerns, and being able to support the youth emotionally even if they could not be placement options for the youth. However, there have been some families who have started out as active members and then fallen away from the system and others who are still suffering from their own addictions and situations that make involvement and participation difficult. This robust involvement or lack of involvement often determines the success of the youth and the eventual placement outcomes. Child welfare can never replace family and in times of crisis we should be able to understand the dynamics of family in terms of relating to others and repairing damage. However, this does not impair or impede our ability to focus on resources that may be or are placement options, it only enhances the youth's life to have more people who love them

The most beneficial element has been our CCT meetings which bring together the youth's team who gather their strengths to develop, enhance, and monitor successes and challenges along the way. This has proven to be an effective means to engage youth and family along a continuum. In addition, our oversight committee meetings meet once a week to review youth's progress and progression through the trajectory of care. These meetings have allowed us to develop bonds and team building relationships. It has renewed our understanding of teaming, engagement with other agencies and departments, and understanding that no one agency can be everything for every youth. We do not always have the answers at these meetings, but we always try to seek solutions that are unique to each circumstance and each youth.

Best Practices

 A. What we write down on paper may sound easy to implement, but may be much harder in real practice, we need to keep trying and not give-up
 B. It takes time for many people to understand and accept change and that to change

a wider system means to take the time and energy needed

- C. One can never know the true outcome of what we do as the success of RBS is based upon the opinion of the youth/family and what they gain from being in the program, not from numbers of graduates or the opinion of social workers. If a youth gains one positive thing from RBS, no matter how small, that is success in the eyes of that youth and family
- D. We must always go back to the beginning, the mission, vision and values when we find ourselves challenged by the everyday work or the behavior of youth, as the guiding principle, to remind us of why we started and where we are headed.
- E. It is always a good idea to create a strategic plan as a map to follow towards our ultimate goals and implement that plan in program change efforts.

2. Describe the most significant <u>fiscal</u> lessons learned and best practices applied during the reporting period.

The RBS rate needs to be coordinated with the RCL rate changes and COLAs.

Technical assistance will need to be provided by county mental health to assist traditional group home providers to properly bill and maximize the utilization of EPSDT services.

RBS DAYS OF CARE SCHEDULE County Annual Report -- Section A, Question 3a

COUNTY OF San Bernardino

List the youth who have been admitted to your RBS program since you began operation and show how they have moved through the various stages of your program thus far (e.g. from the residential group care component, to "bridge" foster care, to reunification or another form of permanency).

Non-Profit Corporation Name:	Victor Treatment Centers		Program Number:	Contact Person:	Kelly Cross					
Period Covered:	Activity through	12/31/2011		Telephone Number:	(909) 388-01	174	Date Co	mpleted:	1/13/2012	
				 			_	_		

Α	В	С	D	E	F	G	Н	I	J	K	L	М	N	0	Р	Q	R	S	Т
Use Youth's Initials Only; List in order of Date of Admission Date of Admission		RBS Residential Group Care				RBS Community-Based "Bridge" Foster Care					RBS Aftercare in Permanent Placement, including Reunification				CURRENT STATUS				
			Date Entered	Date Exited	Total Days Upon Exit	If Still In Group Care, Total Days To Date	Date Entered	Date Exited	Total Days Upon Exit	If Still In "Bridge" Foster Care, Total Days To Date	Number of RBS "Bridge" Foster Care Placements To Date	Did Child Incur Episodes For Crisis Stablization?	Date Entered	Date Exited	Total Days Upon Exit	If Still In Aftercare or a Permanent Care Total Days To Date	Use Current Status Codes Below	For CLOSED Cases ONLY, Total Days In RBS	For OPEN Cases ONLY, Total Days In RBS
1			6/28/2010	4/26/2011	302	-			-	-		No			-	-	7	302	-
2			7/6/2010	1/4/2011	182	-			-	-		No	1/4/2011	4/25/2011	111	-	4	293	-
3			7/12/2010	8/9/2011		-	8/9/2011	10/17/2011	69	-		Yes			-	-	6	462	-
4*			7/15/2010	12/11/2010		-			-	-		No			-	-	6	149	
5			8/6/2010	8/5/2011	364	-	8/5/2011		-	148	1	No			-	-	2	-	512
6			8/9/2010		-	509			-	-		No			-	-	1		509
7			8/12/2010	1/20/2011		-			-	-		No			-	-	5	161	-
8			8/24/2010	9/24/2011	396	-	9/24/2011		-	98		No			-	-	2	-	494
9*			9/7/2010	9/23/2010	16	-			-	-		No			-	-	6	16	
10			9/22/2010		-	465			-	-		No			-	-	1	-	465
11			11/1/2010	12/15/2011		-			-	-		No			-	-	6	409	
12			11/12/2010	12/3/2011	386	-			-			No			-	-	6	386	
13			12/6/2010		-	390			-	-		No				-	1		390
14			1/12/2011	12/7/2011		-			-	-		No	12/7/2011		-	24	3	-	353
15			3/10/2011	11/20/2011	255	-			-	-		No				-	6	255	-
16			3/25/2011	7/28/2011	125	-			-	-		No			-	-	7	125	
17			5/18/2011	9/1/2011	106	-			-	-		No	9/1/2011		-	121	3		227
18			5/26/2011		-	219			-	-		No				-	1		219
19			8/8/2011		-	145			-	-		No			-	-	1	-	145
20			8/19/2011	12/28/2011	131	-			-	-		No				-	6	131	-
21			10/3/2011		-	89			-	-		No				-	1		89
22			10/11/2011	11/21/2011	41	-			-	-		No				-	6	41	-
23			10/14/2011		-	78			-	-		No			-	-	1	-	78
24			11/18/2011		-	43			-	-		No			-	-	1		43
25			12/9/2011	12/19/2011	10	-			-	-		No			-	-	6	10	-
						-			-	-					-	-		<u> </u>	-

^{*} These two youths were disenrolled from the RBS in 2011: #4 was disenrolled 4/16/2011 (Juvenile Hall) and #9 disenrolled 2/14/2011 (AWOL).

Current Status Codes:

- 1 RBS Case Open with Youth in Residential Group Care
- 2 RBS Case Open with Youth in "Bridge" Foster Care
- 3 RBS Case Open with Youth in Permanent Placement with RBS Aftercase Services
- 4 RBS Case Closed: Graduation
- 5 RBS Case Closed: Exit before Graduation due to Emancipation
- 6 RBS Case Closed: Exit before Graduation for Reason other than Emancipation
- 7 RBS Case Closed: Voluntary Closure
- 8 RBS Case Closed: AB 3632 Eligibility Ends

RBS DAYS OF CARE SCHEDULE FOR CRISIS STABILIZATION County Annual Report -- Section A, Question 3a

COUNTY OF	San Bernardino

List the youth who have been removed from an RBS Community-Based "Bridge" Foster Care as a result of an episode for Crisis Stabilization and show the number of days in each placement per episode. (The total number of days a client spends in Crisis Stabilization runs concurrently and is included in the total number of days in "Bridge" Care).

А	В	С	D	E	F	G	Н	I	J	K	L	М	N	0
Youth Enrolled #1 RBS CRISIS STABILIZATION PLACEMENT						#2 RBS C	RISIS STABIL	IZATION PLA	ACEMENT	#3 RBS CRISIS STABILIZATION PLACEMENT				
Use Youth's Initials Only; List in order of Date of Admission		Date of Birth	Date Entered	Date Exited	Total Days Upon Exit	If Still In Crisis Stabilization, Total Days To Date	Date Entered	Date Total Days Exited Upon Exit Total Days Total Days Total Days To Date		Crisis Stabilization, Total Days	Date Entered	Date Exited	Total Days Upon Exit	If Still In Crisis Stabilization, Total Days To Date
1			10/31/2011	11/4/2011	4	-			-	-			-	-
					-	-			-	-			-	-
					-	-			-	-			-	-
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